

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

2952-62-022977

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1000 Registrar's No.

VS 300  
Rev. 4/59

1

2 2138

3

4 0

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9 4200

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11

12 90-0

13

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

FILED JUN 25 1962

1. PLACE OF DEATH  
a. COUNTY Jacksonb. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN Kansas City Length of stay in lb  
16 yrs.c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION 913 Holmes Apt. 212 Inside Limits  
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Missouri COUNTY Jacksonc. CITY OR TOWN Kansas City Inside Limits  
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location) 913 Holmes Reside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED First Middle Last  
LEO E. DEVEREAUX4. DATE OF DEATH Month Day Year  
June 2 19625. SEX Male 6. COLOR OR RACE White 7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐8. DATE OF BIRTH 8-3-1903 9. AGE (last birthday) 58  
IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Laborer 10b. KIND OF BUSINESS OR INDUSTRY  
Rudy Patrick Seed Co.11. BIRTHPLACE (City and state or country) Preacott, Kansas 12. CITIZEN OF WHAT COUNTRY  
U. S. A.13a. FATHER'S NAME Thomas E. Devereaux 13b. MOTHER'S MAIDEN NAME  
Anna McIntire14. NAME OF HUSBAND OR WIFE  
Margaret Devereaux15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)  
no16. SOCIAL SECURITY NO. 17. INFORMANT Address  
Mrs. Margaret Devereaux, 913 Holmes18. CAUSE OF DEATH (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Ventricular fibrillation

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Arteriosclerotic Heart Disease

DUE TO (c)

Generalized Arteriosclerosis

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.  
☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 6-1-62, to 6-2-62 and last saw him alive on 6-1-62.  
Death occurred at 4:50 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE

(Print or title)

M.R. Stapleton

22b. ADDRESS

1222 Mc Lee St

22c. DATE SIGNED

(Date)

23a. BURIAL CREMATION, REMOVAL (Specify)

23b. DATE

6-4-62

23c. NAME OF CEMETERY OR CREMATORY

Elmwood Cem.

23d. LOCATION (City, town, or county)

Kansas City, Mo.

24. FUNERAL DIRECTOR

ADDRESS

Melody-McGilley-Eylar Funeral Home

Woodland-Linwood

25. DATE RECD. BY LOCAL REG.

6-4-62

26. REGISTRAR'S SIGNATURE

Rush D. Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

BY AFFIDAVIT OF

Dr. M. R. Stapleton

6123 Mont. St.

Ne 2-8046

Dr. Will Cornell

in + sign here at F. H.

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

James E. Hackleman

Licensed Embalmer No. 7573

P. O. Address. P. O. Box 100

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.